

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Richard Marks

Application No: 10/759,782

Filed: January 16, 2004

For: Method and Apparatus for Light Input  
Device

Group Art Unit: 2629

Examiner: Dharia, Prabodh M.

Atty. Docket No: SONYP030

Date: January 21, 2009

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on January 21, 2009.

Signed: \_\_\_\_\_

Kay Harlow

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	<u>34</u> -	<u>34</u>	<u>00</u>	X26 = \$	OR	X52 = \$
INDEP CLAIMS	<u>04</u> -	<u>04</u>	<u>00</u>	X110 = \$	OR	X220 = \$

[ ] Multiple Dependent Claim Present  
and Fee Not Previously Paid

TOTAL	\$ _____	\$ _____
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- Applicant(s) hereby petition for a ONE month(s) extension of time to respond to the outstanding Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- Enclosed is our Check No. 21372 in the amount of \$940.00 to cover the RCE and extension of time fees.
- If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. SONYP030). A copy of this sheet is enclosed.

Respectfully submitted,  
MARTINE PENILLA & GENCARELLA, LLP

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